

System Priority: Sufficient, Competent Workforce
Objective 2: Diversity

Long-term (2010) Subcommittee Outcome Objective: By 2010, the composition of Wisconsin's public health system workforce at all levels will approach the demographic profile of the community.

Focus Area One: Awareness of Careers in Public Health among Youth

Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Dollars for media campaign. In-kind support, individual, and organization time WI Area Health Education Centers Department of Public Instruction Elementary, middle, and high school guidance counselors, science, health, and math teachers. Professional organizations and their membership Academic institutions Financial institutions WI Manufacturing and Commerce	Inventory and disseminate listing of careers within the public health workforce. Develop a media campaign to positively influence the attitudes and perceptions about public health careers for minorities. Inventory and build upon existing resources. Develop and disseminate public health career materials. Build upon current state efforts (e.g., AHEC Career Handbook, Department of Workforce Development). Inventory and disseminate listing of careers within the public health workforce. Encourage and build upon existing partnerships within minority community groups to promote public health careers. Promote opportunities for public health workers to be mentors to children/youth groups (e.g., Girl Power, Boys/Girls Club).	Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental. [Note: Refer to "Inputs."]	By 2004, 25% of elementary, middle and high schools, technical colleges, universities and colleges will have positive attitudes and perceptions about public health careers as a result of a media campaign occurring in each Division of Public Health Region, with minority populations. By 2004, engage at least five public health partners from each Division of Public Health Region to be leaders in developing new mentoring relationships with children/youth groups from communities with minority populations.	By 2005, 100% of career development offices in technical colleges, universities and colleges in Wisconsin will have public health career materials available for use. By 2006, 70% of public and private school districts within each Division of Public Health Region will utilize public health career materials.	

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Focus Area One: Awareness of Careers in Public Health among Youth

Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Local Chambers of Commerce Department of Workforce Development Department of Health and Family Services Secretary and staff WI Home School Association Department of Natural Resources Health care providers, state, and local health departments/ clinics. Department of Regulation and Licensing Community-based organizations Faith-based organizations	Inventory public health materials used by career development offices. Utilize or create public health materials to be used by career advisors. Explore and develop policies that encourage minority students to pursue an academic track that allows them to obtain a career in public health. Inventory current public health career curriculums for elementary, middle and high school students. Promote curriculums that advance diversity of public health workforce amongst school personnel, for example: school guidance counselors, science, math and health teachers. Promote the utilization of existing CDC epidemiology and biostatistical curricula within health, science, and math courses at the elementary, middle and high school level. Develop summer fellowship programs for elementary, middle and high school level teachers to increase awareness of public health careers. Develop survey tool to measure progress indicators for schools.				

System Priority: Sufficient, Competent Workforce
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Focus Area Two: Recruitment and Retention among Technical Colleges, Universities and Colleges

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Dollars for media campaign In-kind support, individual, and organization time Area Health Education Centers Department of Public Instruction Elementary, middle, and high school guidance counselors, science, health, and math teachers. Professional organizations and members. Institutions of Higher Education Financial institutions WI Manufacturing and Commerce Local Chambers of Commerce	Inventory and disseminate listing of careers within the public health workforce. Identify and promote national and state educational models that have been successful in recruitment, graduation and placement of minority students (e.g., instructional methods and content conducive to lifestyle of students). Inventory technical colleges, universities and colleges that offer public health related programs. Identify technical colleges, universities and colleges to be champions for academic models that promote diversity. Inventory models that promote academic success among minority students. Secure grant monies for champion technical colleges, universities, colleges and health organizations to institute and promote models that work with colleagues throughout the state. Inventory and disseminate listing of careers within the public health workforce. Identify health organizations to be champions in instituting mentoring	See "Inputs" Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.	By 2004, engage three technical colleges, universities and/or colleges from each Division of Public Health Region to champion new models that promote academic success among minority students. By 2004, engage five public health partners from each Division of Public Health Region to champion new mentoring models for minority students interested or enrolled in public health careers. By 2004, engage five public health partners from each WI Division of Public Health Region to sponsor new paid summer internship programs for minority students interested or enrolled in public health careers.	By 2007, the composition of students entering public health related programs will approach the demographic profile of the state.	

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Objective 2: Diversity

Focus Area Two: Recruitment and Retention among Technical Colleges, Universities and Colleges

Inputs	Outputs	Outcomes			
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>Department of Work-force Development</p> <p>Department of Health and Family Services Secretary and staff</p> <p>WI Home School Association</p> <p>Department of Natural Resources</p> <p>Health care providers</p> <p>State and local health departments/ clinics</p> <p>Department of Regulation and Licensing</p> <p>Community-based organizations</p> <p>Faith-based organizations</p>	<p>models for students interested or enrolled in public health careers.</p> <p>Inventory models that promote mentoring of minority students. Secure grant monies for champion technical colleges, universities, colleges and health organizations to institute and promote models that work with colleagues throughout the state.</p> <p>Inventory and disseminate listing of careers within the public health workforce.</p> <p>Identify health organizations to provide paid summer internship program in public health. Secure grant monies to offset costs.</p> <p>Inventory and disseminate listing of careers within the public health workforce.</p> <p>Develop and pilot survey tool to measure the composition of students entering and graduating from public health related programs.</p>				

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Focus Area Three: Entry into Public Health Workforce

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Dollars for media campaign In-kind support, individual, and organization time. WI Area Health Education Centers Department of Public Instruction Elementary, middle and high school guidance counselors, science, health, and math teachers. Professional organizations and their members. Institutions of Higher Education Financial Institutions WI Manufacturing and Commerce Local Chambers of Commerce Department of Workforce Development	Define and identify health organizations. Develop a media campaign in partnership with health organizations to increase the understanding of diversity and associated benefits of having a diverse workforce. Identify and promote national and state models that have been successful in the recruitment and retention of minority public health workers. Define and identify health organizations to be champions for instituting models that promote diverse workforce. Secure grant funds to off set costs. Define and identify health organizations. Inventory and survey health organizations for recruitment policies. Inventory and explore out-of-state recruitment strategies Define and identify health organizations to be champions in instituting employee recruitment policies that promote diversity of the workforce. Secure grant funds to off set costs.	Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental. [Note: Refer to "Inputs."]	By 2004, 80% of health organizations will have increased knowledge of the benefits of a diverse public health workforce as a result of a media campaign. By 2004, engage five public health partners from communities within each Division of Public Health Region to champion successful models in the recruitment of minority public health workers.	By 2007, 70% of health organizations from each Division of Public Health Region will institute policies that promote recruitment of staff to approach the demographic profile of the community they serve.	

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Focus Area Three: Entry into Public Health Workforce

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Department of Health and Family Services Secretary and staff WI Home School Association Department of Natural Resources Health care providers State and local health departments/ clinics Department of Regulation and Licensing Community-based organizations Faith-based organizations					

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Focus Area Four: Retention and Advancement of Public Health Workforce

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Dollars for media campaign In-kind support - individual and organization time WI Area Health Education Centers Department of Public Instruction Elementary, middle and high school guidance counselors, science, health, and math teachers Professional organizations and their membership Academic institutions Financial institutions WI Manufacturing and Commerce Local Chambers of Commerce	Define and identify health organizations. Develop a media campaign in collaboration with health organizations to promote retention models that work and increase the understanding of the benefits of a diverse workforce. Identify national and state models that have successful retention strategies to promote advancement opportunities for public health workforce and career change. Identify current collaborative partnerships between health organizations and institutions of higher education. Develop new scholarship and grant opportunities for entry-level public health workers to advance their training/education. Disseminate and promote successful career advancement models throughout the State. Inventory and survey health organizations for retention policies.	Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental. [Note: Refer to "Inputs."]	By 2004, 80% of health organizations will have increased knowledge of the benefits of investing in retention strategies to promote a diverse workforce as the result of a media campaign. By 2004, at least two partnerships between health organizations and institutions of higher education from each Division of Public Health Region will champion models of advancement and career change opportunities to promote diversity of the public health workforce.	By 2007, 70% of health organizations from each Division of Public Health Region will institute policies that incorporate state and national retention strategies that promote a diverse workforce.	

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Focus Area Four: Retention and Advancement of Public Health Workforce

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Department of Work- force Development Department of Health and Family Services Secretary and staff WI Home School Association Department of Natural Resources Health care providers State and local health departments/ clinics Department of Regulation and Licensing Community-based organizations Faith-based organizations	Inventory and disseminate state and national retention strategies Develop a survey to monitor health organizations' diverse workforce retention progress. Secure grant monies for champion partnerships to offset costs associated with the development and promotion of their retention model. Explore and develop innovate compensation strategies for attracting and securing retirees into the public health workforce.				

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Long-term (2010) Subcommittee Outcome Objective:

By 2010, the composition of Wisconsin's public health system workforce at all levels will approach the demographic profile of the community.

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective.	

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
1 – Access to Quality Health Services	Improve access to comprehensive, high-quality health care services.	1-8	In the health professions, allied and associated health profession fields, and the nursing field increase the proportion of all degrees awarded to members of under-represented racial and ethnic groups.
23 – Public Health Infrastructure	Ensure that Federal, Tribal, State, and local agencies have the infrastructure to provide essential public health services effectively.	23-8	(Developmental) Increase the proportion of Federal, State, and local agencies that incorporate specific competencies in the essential public health services into personnel systems.
		23-9	(Developmental) Increase the proportion of schools for public health workers that integrate into their curricula specific content to develop competency in the essential public health services.
		23-10	(Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that provide continuing education to develop competency in essential public health services for their employees.

Definitions	
Term	Definition
Public Health Workforce	All those providing essential public health services, regardless of the nature of the employing agency. (USDHHS, 1998)
Wisconsin's Public Health System	Public health is defined as a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population (Turnock, 2001, <i>Healthiest Wisconsin 2010</i> , January 2001). The public health system is comprised of many partners that include state and local health departments, government, the public, and private, nonprofit, and voluntary sectors. These partners include traditional sectors (physicians, institutions of higher education, technical colleges) and new non-traditional sectors (faith communities).
Cultural Competence	Set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations. (Georgetown University Child Development Center)
Minority	Refers to underrepresented groups within a community. (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup, Spring 2001)
Diversity	Intended to be inclusive and representative of the social demographic characteristics of a given community, which could include culture, race, ethnicity, education, income, age, gender. (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup, Spring 2001)
Enumeration	Not only counting the numbers and types of employees, but also obtaining key characteristics of composition and workforce setting. (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup, Spring 2001)
Champion	Individuals and/or organizations who have the ability to positively influence organizations, communities, and their peers to create needed systems changes through the utilization of cutting-edge thinking and models, high visibility strategies and mentoring opportunities. (Wisconsin Turning Point Sufficient and Competent Workforce Workgroup, Spring 2001)

Rationale:

One primary goal of *Healthiest Wisconsin 2010*, which mirrors the federal *Healthy People 2010*, is to eliminate health disparities according to race, gender, ethnicity and disability. The underlying causes of illness, injury, disease, disability, and premature death (determinants of health) affecting populations must be addressed by culturally competent, public health professionals who truly represent the demographic profile of Wisconsin and its communities. Partnerships must be enhanced or created between academic institutions and the public health workforce to facilitate recruitment and academic success of students representing the diversity of Wisconsin. The definition of the public health workforce is “all those providing essential public health services, regardless of the nature of the employing agency” (U.S. Department of Health and Human Services, 1998, page 4). The public health workforce may be employed by state and local governmental agencies, public, private, non-

profit, and voluntary agencies and organizations. Aggressive efforts must be made to reach youth as early as elementary school to engage their thoughts and provoke their interest in careers in the public health workforce. This endeavor needs to involve community partners including academic institutions, professional organizations, community-based organizations, and governmental agencies. Primary and secondary schools in partnership with Wisconsin's Institutions of Higher Education and the Wisconsin Division of Public Health need to provide lead accountability to make this a reality.

Crucial to the success of achieving a diverse public health system workforce is recruitment and retention of individuals from Wisconsin's ethnic and racial communities. Recruitment of such individuals into the public health disciplines is desperately needed. Equally and crucially important is the retention of this diverse workforce. According to the Department of Health and Family Services' *Mapping the Future: A DHFS Strategic Plan for the 21st Century*, the minority population in Wisconsin increased in the 1990's to comprise about 10 percent of the population and is projected to increase to 15 percent by 2015. This affirms the need to provide a culturally competent public health workforce system to effectively provide programs and services to our communities. Also, a comprehensive analysis of Wisconsin census data and projections is necessary. Based on recent data from the 2000 U.S. Census, the following populations are represented in Wisconsin: African American 5.6 percent; Hispanic/Latino 3.6 percent; Asian/Hmong 1.6 percent, and American Indian 0.8 percent. (Carty, 2002).

The 10-year, long-term outcome objective cited above is not achievable unless there is first an enumeration of the public health system workforce at the local and statewide levels. Until one can first enumerate the workforce one cannot begin to assess and understand the diversity and develop plans to address gaps in diversity and distribution for the future. Enumeration includes ascertaining information on key variables that include a systemic count of the public health system workforce, geographic distribution, the array of positions by type (e.g., professional, bilingual and bicultural, outreach workers) and institutional/organization setting where the position(s) are housed. Because the public health system workforce is large, a potential strategy would be to first enumerate the governmental public health workforce using the above key variables, then move into a second stage which would enumerate the workforce in other public health system settings to include the public, private, nonprofit, and voluntary sectors.

Diversity must address the broad array of the current and future workforce. Since public health is defined very broadly in *Healthiest Wisconsin 2010*, the concept of diversity must also be defined very broadly. A diverse public health system workforce includes positions in traditional and new non-traditional settings that include: primary and secondary education; environmental and professional associations; community organizations; faith communities; businesses; institutions of higher education including technical colleges; community health centers; clinics; hospitals; advocacy organizations; civic organizations; and governmental agencies to include agriculture, natural resources, and commerce to name a few. In addition, education programs in Wisconsin that provide public health related education and training must be included and closely examined. Specifically, the three systems of higher education in Wisconsin include a vocational/technical system, a university system with two-year campuses and undergraduate/graduate programs, and a private college and university system.

Four focus areas have been established to best address the long-term objective. The four areas are:

1. Awareness of careers in public health among youth.
2. Recruitment and retention among technical colleges, universities and colleges.

3. Entry into public health workforce.
4. Retention and advancement of public health workforce.

Each focus area has its own significance. First, it is imperative that Wisconsin's minority youth populations are engaged and educated about careers in public health at an early age. This will inform and positively influence minority youth about public health career choices. Second, attention must be given to academic institutions providing education and training surrounding careers in public health. Academic institutions are integral for minority students to be successful in their coursework, to link with health organizations for mentoring relationships, and to see the student through a degree completion in the field of public health. Third, diversity of the public health workforce is essential. For population based health services to be effective, the workforce must represent the demographic profile of Wisconsin's communities. Partnerships must be created in order to recruit appropriate workers into the public health system workforce. Finally, strategies and policies need to be established to assure advancement opportunities are addressed early in the public health career development process. Advancement opportunities and policies must be created for all public health workers to effectively institutionalize a diverse workforce.

Outcomes:

Focus Area One: Awareness of Careers in Public Health Among Youth

Short-term Outcome Objectives (2002-2004)

By 2004, 25% of elementary, middle and high schools, technical colleges, universities and colleges will have positive attitudes and perceptions about public health careers as a result of a media campaign occurring in each Division of Public Health Region, with minority populations.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and disseminate listing of careers within the public health workforce.
- Develop a media campaign to positively influence the attitudes and perceptions about public health careers for minorities. Inventory and build upon existing resources.
- Develop and disseminate public health career materials. Build upon current state efforts (e.g., AHEC Career Handbook, Department of Workforce Development).

By 2004, engage at least five public health partners from each Division of Public Health Region to be leaders in developing new mentoring relationships with children/youth groups from communities with minority populations.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and disseminate listing of careers within the public health workforce.
- Encourage and build upon existing partnerships within minority community groups to promote public health careers.
- Promote opportunities for public health workers to be mentors to children/youth groups (e.g., Girl Power, Boys/Girls Clubs).

Medium-term Outcome Objectives (2005-2007)

By 2005, 100% of career development offices in technical colleges, universities and colleges in Wisconsin will have public health career materials available for use.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory public health materials used by career development offices.
- Utilize or create public health materials to be used by career advisors.
- Explore and develop policies that encourage minority students to pursue an academic track that allows them to obtain a career in public health.

By 2006, 70% of public and private school districts within each Division of Public Health Region will utilize public health career materials.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory current public health career curriculums for elementary, middle and high school students.
- Promote curriculums that advance diversity of public health workforce amongst school personnel, for example: school guidance counselors, science, math and health teachers.
- Promote the utilization of existing CDC epidemiology and biostatistical curricula within health, science and math courses at the elementary, middle and high school level.
- Develop summer fellowship programs for elementary, middle and high school level teachers to increase awareness of public health careers.
- Develop survey tool to measure progress indicators for schools.

Inputs and Participants:

Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Dollars for media campaign
- In-kind support - individual and organization time
- WI Area Health Education Centers
- Department of Public Instruction
- Elementary, middle, and high school guidance counselors, science, health, and math teachers
- Professional organizations and their membership
- Academic institutions
- Financial institutions
- WI Manufacturing and Commerce
- Local Chambers of Commerce
- Department of Workforce Development
- Department of Health and Family Services Secretary and staff
- WI Home School Association

- Department of Natural Resources
- Health care provider
- Great Lakes Inter-Tribal Council and Health Directors
- State, local health departments/clinics
- Department of Regulation and Licensing
- Community-based organizations
- Faith-based organizations

Participants/Reach:

See inputs for participants.

Focus Area Two: Recruitment and Retention Among Technical Colleges, Universities and Colleges

Short-term Outcome Objectives (2002-2004)

By 2004, engage three technical colleges, universities and/or colleges from each Division of Public Health Region to champion new models that promote academic success among minority students.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and disseminate listing of careers within the public health workforce.
- Identify and promote national and state educational models that have been successful in recruitment, graduation and placement of minority students (e.g., instructional methods and content conducive to lifestyle of students).
- Inventory technical colleges, universities and colleges that offer public health related programs.
- Identify technical colleges, universities and colleges to be champions for academic models that promote diversity.
- Inventory models that promote academic success among minority students.
- Secure grant monies for champion technical colleges, universities, colleges and health organizations to institute and promote models that work with colleagues throughout the state.

By 2004, engage five public health partners from each Division of Public Health Region to champion new mentoring models for minority students interested or enrolled in public health careers.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and disseminate listing of careers within the public health workforce.
- Identify health organizations to be champions in instituting mentoring models for students interested or enrolled in public health careers.
- Inventory models that promote mentoring of minority students. Secure grant monies for champion technical colleges, universities, colleges and health organizations to institute and promote models that work with colleagues throughout the state.

By 2004, engage five public health partners from each Division of Public Health Region to sponsor new paid summer internship programs for minority students interested or enrolled in public health careers.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and disseminate listing of careers within the public health workforce.
- Identify health organizations to provide paid summer internship program in public health. Secure grant monies to offset costs.

Medium-term Outcome Objective (2005-2007)

By 2007, the composition of students entering public health related programs will approach the demographic profile of the state.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Inventory and disseminate listing of careers within the public health workforce.
- Develop and pilot survey tool to measure the composition of students entering and graduating from public health related programs.

Inputs and Participants:

Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Dollars for media campaign
- In-kind support - individual and organization time
- WI Area Health Education Centers
- Department of Public Instruction
- Elementary, middle, and high school guidance counselors, science, health, and math teachers
- Professional organizations and their membership
- Academic institutions
- Financial institutions
- WI Manufacturing and Commerce
- Local Chambers of Commerce
- Department of Workforce Development
- Department of Health and Family Services Secretary and staff
- WI Home School Association
- Department of Natural Resources
- Health care providers
- Great Lakes Inter-Tribal Council and Health Directors
- State, local health departments/clinics
- Department of Regulation and Licensing
- Community-based organizations

- Faith-based organizations

Participants/Reach:

See inputs for participants.

Focus Area Three: Entry into Public Health Workforce

Short-term Outcome Objectives (2002-2004)

By 2004, 80% of health organizations will have increased knowledge of the benefits of a diverse public health workforce as a result of a media campaign.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Define and identify health organizations.
- Develop a media campaign in partnership with health organizations to increase the understanding of diversity and associated benefits of having a diverse workforce.

By 2004, engage five public health partners from communities within each Division of Public Health Region to champion successful models in the recruitment of minority public health workers.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Identify and promote national and state models that have been successful in the recruitment and retention of minority public health workers.
- Define and identify health organizations to be champions for instituting models that promote diverse workforce.
- Secure grant funds to off set costs.

Medium-term Outcome Objective (2005-2007)

By 2007, 70% of health organizations from each Division of Public Health Region will institute policies that promote recruitment of staff to approach the demographic profile of the community they serve.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Define and identify health organizations.
- Inventory and survey health organizations for recruitment policies.
- Inventory and explore out-of-state recruitment strategies
- Define and identify health organizations to be champions in instituting employee recruitment policies that promote diversity of the workforce.
- Secure grant funds to off set costs.

Inputs and Participants:

Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.

Inputs: *(What we invest – staff, volunteers, time, money, technology, equipment, etc.)*

- Dollars for media campaign
- In-kind support - individual and organization time
- WI Area Health Education Center
- Department of Public Instruction
- Elementary, middle, and high school guidance counselors, science, health, and math teachers
- Professional organizations and their membership
- Academic institutions
- Financial institutions
- WI Manufacturing and Commerce
- Local Chambers of Commerce
- Department of Workforce Development
- Department of Health and Family Services Secretary and staff
- WI Home School Association
- Department of Natural Resources
- Health care providers
- Great Lakes Inter-Tribal Council and Health Directors
- State, local health departments/clinics
- Department of Regulation and Licensing
- Community-based organizations
- Faith-based organizations

Participants:

See inputs for participants.

Focus Area Four: Retention and Advancement of Public Health Workforce

Short-term Outcome Objectives (2002-2004)

By 2004, 80% of health organizations will have increased knowledge of the benefits of investing in retention strategies to promote a diverse workforce as the result of a media campaign.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- Define and identify health organizations.
- Develop a media campaign in collaboration with health organizations to promote retention models that work and increase the understanding of the benefits of a diverse workforce.

By 2004, at least two partnerships between health organizations and institutions of higher education from each Division of Public Health Region will champion models of advancement and career change opportunities to promote diversity of the public health workforce.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- Identify national and state models that have successful retention strategies to promote advancement opportunities for public health workforce and career change.
- Identify current collaborative partnerships between health organizations and institutions of higher education.
- Develop new scholarship and grant opportunities for entry-level public health workers to advance their training/education.
- Disseminate and promote successful career advancement models throughout the State.

Medium-term Outcome Objective (2005-2007)

By 2007, 70% of health organizations from each Division of Public Health Region will institute policies that incorporate state and national retention strategies that promote a diverse workforce.

Outputs: (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- Inventory and survey health organizations for retention policies.
- Inventory and disseminate state and national retention strategies
- Develop a survey to monitor health organizations' diverse workforce retention progress.
- Secure grant monies for champion partnerships to offset costs associated with the development and promotion of their retention model.
- Explore and develop innovative compensation strategies for attracting and securing retirees into the public health workforce.

Inputs and Participants:

Inputs and participants for the long-term, medium-term, and short-term objectives are delineated collectively for the objectives since they are interrelated and developmental.

Inputs: (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Dollars for media campaign
- In-kind support - individual and organization time
- WI Area Health Education Centers
- Department of Public Instruction
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- Health care providers

- Great Lakes Inter-Tribal Council and Health Directors
- State and local health departments/clinics
- Department of Regulation and Licensing
- Community-based organizations
- Faith-based organizations

Participants/Reach:

See inputs for participants.

Evaluation and Measurement:

Enumeration of Wisconsin's public health system workforce must be conducted at the state and local level for accurate understanding of gaps and trends. Since enumeration is in its beginning stages, this objective is developmental with baseline data yet to be established. It is critical that a comprehensive analysis of the Wisconsin census data be conducted, to include growth projections of the state's minority populations.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

System Priorities:

Integrated, Electronic Data and Information Systems: An adequate enumeration system needs to be integrated and comprehensive in order to monitor the composition of Wisconsin's public health system workforce. This is viewed as a critical first step in order to assess and understand the diversity of Wisconsin's public health system workforce and to develop plans to address identified gaps in diversity and distribution.

Community Health Improvement Processes and Plans: Adequate distribution of the workforce and their needed competencies will vary based on each community's needs as identified in community health improvement plans.

Coordination of State and Local Public Health System Partnerships: Since the public health workforce is broadly defined to include all partners working to meet the essential public health services, strong partnerships between all public health sectors is needed in order to close current gaps in diversity and distribution within Wisconsin's public health system workforce.

Equitable, Adequate, and Stable Financing: Adequate, equitable and stable financing incentives are needed for the recruitment, retention and advancement of the public health workforce in order to achieve a diverse public health system.

Health Priorities:

Access to Primary and Preventive Health Services: Access to health services is dependent on many factors to include having the same culture and/or culturally competent health care professionals. Assuring the composition of Wisconsin's public health workforce at all levels to approach the demographic profile of the community can enhance access to health services for all citizens.

Sufficient, Competent Workforce - Examples of transcending influence of a diverse workforce:

A diverse workforce transcends all health priorities set forth in *Healthiest Wisconsin 2010* to include: Adequate and Appropriate Nutrition; Environmental and Occupational Health Hazards; Existing, Emerging, and Re-emerging Communicable Diseases; High Risk Sexual Behavior; Inappropriate Use and Abuse of Alcohol and Other Substances; Intentional and Unintentional Injuries and Violence; Mental Health and Mental Disorders; Overweight, Obesity, Lack of Physical Activity; Social and Economic Factors that Influence Health; and Tobacco Use and Exposure.

- Health disparities continue to be an important issue in Wisconsin. A health disparity occurs when one segment of the population suffers more than another from diseases or death. Health disparities are related to a complex interaction of social/economic factors, personal lifestyles, environmental conditions, and limitations of the health care system. Lack of minority health professionals and cultural competency contribute to health disparities, along with other factors such as culture and language, lack of preventative care, unhealthy lifestyles and access to quality health care (Minority Health Program of Wisconsin, June 2002).
- Racial and ethnic minority groups have increased an average of 55 percent over the past 10 years and are now 12 percent of Wisconsin's population (Minority Health Program of Wisconsin, June 2002). With Wisconsin communities experiencing an increase in the diversity of ethnic, racial, and cultural backgrounds, the public health workforce needs to be able to understand the perspectives of the people representative in their community. Assuring same culture and/or a culturally competent public health system workforce is crucial to guaranteeing that interventions at the community, systems, family and individual level are appropriate and effective to address given health priorities for a diverse population.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Having Wisconsin's public health system workforce composition at all levels approach the demographic profile of the community supports all of Wisconsin's 12 essential public health services. Wisconsin's eighth essential service "assure a diverse, adequate, and competent workforce to support the public health system" speaks to the importance of improving the quality, quantity, and diversity of health professionals in the state in order to impact our given system and health priorities. Possessing a diverse public health system workforce will make certain varied perspectives are incorporated into actions taken in carrying out Wisconsin's essential public health services, thus increasing the likelihood of attaining the public health vision.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and Promote Health for All: The goal addresses the need to protect and promote the health of all, by creating conditions in which all residents of Wisconsin can be healthy. This can only be accomplished when the public health system workforce can understand the diverse and varied perspectives within a community. Interventions at the individual, family and community level need to be sensitive and congruent with the racial, ethnic and cultural makeup of the community. Partnerships with non-traditional community sectors is one way to assure diverse viewpoints are part of the solution when addressing given social and economic conditions that either impede or foster the health of community.

Eliminate Health Disparities: A public health system workforce that is representative of the demographic profile of the community is necessary to be able to understand the conditions that contribute to socially and economically disadvantaged population groups being impacted by health disparities. An awareness and recognition of the gaps in health status is the first step in eliminating

health disparities. Having a workforce that represents the diversity of the community is crucial in identifying and addressing the underlying causes that lead to higher levels of disease and disability among disadvantage population groups. Effective community and individual interventions will be dependent upon the incorporation of strategies that are sensitive to the issues and conditions disadvantage populations are experiencing.

Transform Wisconsin's Public Health System: Ensuring a “representative” public health system workforce is a prerequisite for attaining a strong collective partnership between government and its partners in the public, private, nonprofit, and voluntary sectors whose efforts contribute to the health of the community. The work of Wisconsin's public health system will only be effective and meaningful if done in partnership with community representatives who reflect the racial, ethnic and cultural background of the community. The public health workforce will need to commit to not only elicit, but engage a representative collective partnership beyond traditional boundaries of discipline, institutions, and organizations in order to accomplish this.

Key Interventions and/or Strategies Planned:

- Create a media campaign to positively influence attitudes and perceptions about public health careers among school age and college age students.
- Develop mentoring relationships between public health partners and children/youth groups from communities with minority populations.
- Use career development offices as vehicles to communicate and disseminate information about public health careers – special targets include primary and secondary students and post-secondary students.
- Promote models that promote academic success among minority students.
- Promote summer internship programs for minority students interested in or enrolled in public health careers.
- Create a media campaign to increase knowledge of the benefits of having a diverse public health workforce.
- Engage public health partners to champion successful models in recruitment of minority public health workers.
- Institute policies within public health partner agencies/organizations that promote recruitment of staff that reflect the demographic profile of the community.
- Create a media campaign on the benefits of investing in retention strategies to promote a diverse public health workforce
- Engage public health partners to champion successful models of advancement and career change opportunities to promote diversity of the public health workforce.
- Public health partners will institute policies that incorporate state and national retention strategies that promote a diverse public health workforce.

References:

National Center for Health Workforce Information and Analysis. (2000). *The Key Ingredient of the National Prevention Agenda: Workforce Development. A Companion Document to Healthy People 2010 (pre-release draft)*. Health Resources and Services Administration – Bureau of Health Professions and Public Health Foundation.

U.S. Department of Health and Human Services. *CDC/ATSDR Public Health Workforce Development Initiative*. June 1, 2000

U.S. Department of Health and Human Services. (1998). *The Public Health Workforce: An Agenda for the 21st Century*. <http://www.health.gov/phfunctions>

Kinder, G. L., & Cashman, S. B. (1998). *A Community Orientated Definition of the Health Workforce and Core Competencies*. *Journal of Interprofessional Care*. 12 (2), 141-155.

Health Resources and Services Administration – Bureau of Health Professions, Division of Nursing. *A National Agenda for Nursing Workforce: Racial/Ethnic Diversity*. National Advisory Council On Nurse Education and Practice Report the Secretary of Health and Human Services and Congress 2000.

Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE) and Centers for Disease Control and Prevention (CDC). *Building Capacity for Health Promotion Programs in Minority-Serving Institutions*. January 2001.

Cross, T., Bazron, B., Dennis, K., & Isaacs, M. (1989). *Towards a Culturally Competent System of Care*. Volume 1. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.

Carty, Denise (June 18, 2002). Lecture. Wisconsin Department of Health and Family Services for the Office of Affirmative Action and Civil Rights Compliance. Madison, WI.

Minority Health Program of Wisconsin. *Focuses on Eliminating Health Disparities*. Minority Health Week Press Conference (June 20-24, 2002). Wisconsin Department of Health and Family Services. Madison, WI.

Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public. Wisconsin Department of Health and Family Services. Madison, WI. PPH-0276.

Turnock, B.J. (2001). *Public Health: What It Is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.